Case 21-10266-mdc Doc 24 Filed 03/07/21 Entered 03/07/21 15:46:20 Desc Main Document Page 1 of 4

Fill in this information to identify your case:					
Debtor 1	Diane Boland				
Debtor 2 (Spouse, if filing)					
United States E	Bankruptcy Court for the: Eastern District of Pennsylvania				
Case number (if known)	21-10266				

Check	Check as directed in lines 17 and 21:						
	According to the calculations required by this Statement:						
 1. Disposable income is not determined to 11 U.S.C. § 1325(b)(3). 							
	 Disposable income is determined under 11 U.S.C. § 1325(b)(3). 						
-	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part	1: Calculate Your Average Monthly Income							
1.	What is your marital and filing status? Check one of	only.						
	■ Not married. Fill out Column A, lines 2-11.							
	☐ Married. Fill out both Columns A and B, lines 2-11							
10 th	II in the average monthly income that you received from al 01(10A). For example, if you are filing on September 15, the 6- e 6 months, add the income for all 6 months and divide the tot- ouses own the same rental property, put the income from that	month peri al by 6. Fill	od would in the re	l be March 1 throusult. Do not includ	igh Aug le any ir	ust 31. If the amo	ount of your monthly incomore than once. For examp	e varied during le, if both
					Colum Debto		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and cor	nmissio	ons (before all	\$	4,101.00	\$	
3.	Alimony and maintenance payments. Do not includ Column B is filled in.	e paymer	nts from	a spouse if	\$	0.00	\$	
4.	All amounts from any source which are regularly p of you or your dependents, including child suppor from an unmarried partner, members of your househo and roommates. Do not include payments from a spot you listed on line 3.	t. Include ld, your d	regulai epende	contributions nts, parents,	\$	0.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor	1					
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from a business, profession, or fa	ırm \$	0.00	Copy here ->	\$	0.00	\$	
6.	Net income from rental and other real property	Debtor						
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	- \$	0.00					
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Debtor 1	Diane Boland			Case num	ber (<i>if knowi</i>	n) <u>21-10266</u>	<u>;</u>		
				Column Debtor 1		Column B Debtor 2	or		
7. Int	erest, dividends, and royalties			\$	0.00) \$			
	employment compensation			\$	0.00) \$			
	onot enter the amount if you contend that the Social Security Act. Instead, list it here:	ne amount received was a benefit	under			<u> </u>			
	For you	\$ 0.00)						
	For youFor your spouse	\$	_						
9. Pe be no Un dis pa	nsion or retirement income. Do not include nefit under the Social Security Act. Also, ext include any compensation, pension, pay, a lited States Government in connection with sability, or death of a member of the uniform y paid under chapter 61 of title 10, then includes not exceed the amount of retired pay to etired under any provision of title 10 other the	de any amount received that was a cept as stated in the next sentence annuity, or allowance paid by the a disability, combat-related injury ned services. If you received any related that pay only to the extent that which you would otherwise be ent	e, do or etired at it	\$	0.00) \$			
Do un coi crii coi Go de	come from all other sources not listed also not include any benefits received under the der the Federal law relating to the national der the National Emergencies Act (50 U.S. fronavirus disease 2019 (COVID-19); paymer, a crime against humanity, or internation mpensation, pension, pay, annuity, or allow overnment in connection with a disability, co ath of a member of the uniformed services. parate page and put the total below.	e Social Security Act; payments memergency declared by the Presic C. 1601 et seq.) with respect to the ents received as a victim of a warnal or domestic terrorism; or vance paid by the United States ombat-related injury or disability, or	nade lent e						
	Vet Cor Old Employment			\$	608.00	\$			
			_	\$	0.00) \$			
	Total amounts from separate pages,	if any.		\$	0.00				
	ch column. Then add the total for Column A	A to the total for Column B.	\$	4,709.00	+ \$			4,709.0	
	ppy your total average monthly income fr Ilculate the marital adjustment. Check on						\$	4,709.0	10
	You are not married. Fill in 0 below.								
	You are married and your spouse is filing	with you. Fill in 0 below.							
	You are married and your spouse is not								
_	Fill in the amount of the income listed in dependents, such as payment of the spo	line 11, Column B, that was NOT							
	Below, specify the basis for excluding thi adjustments on a separate page.	•				, ,	•		
	If this adjustment does not apply, enter 0	below.							
			\$						
			\$						
		+	-\$						
	Total		\$	0	.00_	Copy here=>		(0.00
14. Y	our current monthly income. Subtract lin	ne 13 from line 12.					\$	4,709.0)0
	alculate your current monthly income fo	r tne year. Follow these steps:						4,709.0	10
1	5a Copy line 14 here=>						\$	→ , 1 UJ.U	,,,

Debtor 1	Diane Boland	Case number (if known)	21-10266	
	Multiply line 15a by 12 (the number of months in a year).			x 12
15	o. The result is your current monthly income for the year for this pa	rt of the form	\$_	56,508.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Case number (if known) 21-10266

16	6. Calculate the median family income that applies	to you. Follow these steps:	
	16a. Fill in the state in which you live.	PA	
	16b. Fill in the number of people in your household	1	
	16c. Fill in the median family income for your state	and size of household.	_{\$} 57,213.00
	To find a list of applicable median income amoinstructions for this form. This list may also be	ounts, go online using the link specified in the separa	
17	7. How do the lines compare?		
		Sc. On the top of page 1 of this form, check box 1, <i>D</i> Do NOT fill out <i>Calculation of Your Disposable Incor</i>	
		top of page 1 of this form, check box 2, <i>Disposable</i> calculation of Your Disposable Income (Official F 14 above.	
Par	t 3: Calculate Your Commitment Period Unde	11 U.S.C. § 1325(b)(4)	
18.	Copy your total average monthly income from li	ne 11 .	\$ 4,709.00
19.			you of your
	19a. If the marital adjustment does not apply, fill in) on line 19a.	-\$0.00
	19b. Subtract line 19a from line 18.		\$4,709.00
20.	Calculate your current monthly income for the y	ear. Follow these steps:	
	20a. Copy line 19b		\$4,709.00
	Multiply by 12 (the number of months in a yea		x 12
		,	7.12
	20b. The result is your current monthly income for t	ne year for this part of the form	\$56,508.00
	20c. Copy the median family income for your state	and size of household from line 16c	\$ 57,213.00
	21. How do the lines compare?		
	■ Line 20b is less than line 20c. Unless oth period is 3 years. Go to Part 4.	erwise ordered by the court, on the top of page 1 of	this form, check box 3, The commitment
	Line 20b is more than or equal to line 20c commitment period is 5 years. Go to Part	c. Unless otherwise ordered by the court, on the top 4.	of page 1 of this form, check box 4, The
Par	rt 4: Sign Below		
	By signing here, under penalty of perjury I declare to	hat the information on this statement and in any atta	achments is true and correct.
,	X /s/ Diane Boland		
,	Diane Boland		
	Signature of Debtor 1		
	Date March 5, 2021		
	MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122	C-2	
		o-z.	and an earth by in some of the self-self-self-self-self-self-self-self-

Diane Boland

Debtor 1